

KATIE MCBURNETT

5K & 10K

PRESENTED BY



ENTRY FORM

Name: _____

Email: _____

Registration fees:

5K: \$20

10K: \$30

I want to support the purchase of Cough Buddy animals by donating an extra _____

Total enclosed _____

FOR STAFF USE ONLY

Bib No. _____

Cash

Check

Credit Card

Please indicate your choice of event:

5K Walk (3.1 miles)

5K Run (3.1 miles)

10K Run (6.2 miles)

M F

Entrant's age on race day: _____

Waiver and Release of Liability

I hereby waive all claims against the Katie's Wish Foundation, Columbus, Indiana, sponsors, or any personnel for any injury or harm I or my child might suffer in this event. I attest that entrant is physically fit and prepared for this event. I grant full permission for organizers to use photographs or video of me or my child and quotations from me or my child in legitimate accounts and promotions for this event.

Signature: _____

Date: _____